

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044585

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 382

Primary Registration District No. 5655

Registrar's No. 337

FILED NOV 18 1963

1. PLACE OF DEATH

a. COUNTY

Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Mt. Vernon

Length of stay in 1b

6 mos. 1 wk.

c. CITY

OR

TOWN

Afton

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Mo. State Sanatorium

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

4736 Oldenberg

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

Charles

First

Broughton

Last

4. DATE

Month

Day

Year

OF DEATH

Nov.

13

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/18/1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Gas Inspector

10b. KIND OF BUSINESS OR INDUSTRY

Gas Company

11. BIRTHPLACE (City and state or country)

New Madrid Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Charles Broughton

13b. MOTHER'S MAIDEN NAME

Sarah Stewart

14. NAME OF HUSBAND OR WIFE

Vera

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

no

17. INFORMANT

79

Address

Med. Records, Mo. S. S., Mt. Vernon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Mycocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pulmonary tuberculosis, far adv., active, pos. sputum

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 6, 1963 to Nov. 13 and last saw him alive on 11/13/63  
Death occurred at 10:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Randall B. Haas

(Degree or title)

M. D.

22b. ADDRESS

Mt. Vernon, Missouri

22c. DATE SIGNED

11/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

11/16/1963

23c. NAME OF CEMETERY OR CREMATORY

Lakewood Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

John L Ziegenhein & Sons

ADDRESS

St. Louis Mo 7027 Gravois

25. DATE RECD. BY LOCAL REG.

11-14-63

26. REGISTRAR'S SIGNATURE

Roy Grantham/Rw

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1 0550

2 4000

3

4 0

5 1

6

7 0

8 1

9 4/20/63

10

11

12 93-0

13 50

NOV 19 1963

DEC 23 1963

MAR 3 1964

0229  
40004

0  
1  
0  
1

0-EP

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student, Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald Benz

Licensed Embalmer No. 4863

P. O. Address 7027 Brown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.